

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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TOTAL IND.	10					
TOTAL DEP.	23	←	←	←		
TOTAL CLAIMS	33	██████	██████	██████	██████	██████

	IND		DEP		IND	DEP
	IND	DEP	IND	DEP		
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TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		██████	██████	██████	██████	██████